

# LOCAL COUNTY PUBLIC HEALTH DEPARTMENTS

## APPLICATION TO OBTAIN CALIFORNIA'S COUNTY-SPECIFIC VITAL STATISTICS CD-ROM FILES

### ORDERING INSTRUCTIONS

Counties may obtain one copy of their own County-Specific Statistical Master Files for the current year at no charge. The fee to obtain duplicate copies or prior years of the master files, or files other than the master files, is \$65 per file. The prices are listed on the application form.

#### **Confidential Files Including Personal Identifiers and/or Out-of-State Identifiers:**

Confidential death files are those that include Social Security Number (SSN) and Mother's Maiden Name (MMN). The confidential birth files are those that include personal identifiers (names, certificate numbers, SSN, address). These fields are subject to confidentiality restrictions according to California Health and Safety Code.

"Out-of-State" events are births or deaths that occurred to California residents outside of California. These events are subject to confidentiality restrictions of the state of occurrence. Files that include Out-of-State Identifiers are only released in conjunction with approval by the State Registrar and may only be used for purposes that are specifically approved.

**Counties may obtain confidential files including personal identifiers without prior approval for their own county's data only.**

Please Note: The following uses of personal identifiers require specific committee approvals:

A) Personal identifiers, including address, may be used for follow-back or contact for public health purposes only. Any other reason for follow-back or contact with human subjects must be approved by the Committee for the Protection of Human Subjects (CPHS) and the Vital Statistics Advisory Committee (VSAC).

B) The release of names or any other personal identifier requires prior approval from CPHS and VSAC.

For more information on obtaining approvals or to request an application for the Statewide Files, please contact the Office of Health Information and Research at the telephone number or e-mail on the next page.

#### **To obtain copies of the County-Specific data files, please follow these instructions:**

- Complete the attached application. Check the specific files and years you require and calculate the total cost (if any).
- Attach a description of the intended use(s) of the files on your agency letterhead.
- This description should be signed by the head of the program that will be using the data files or the principal person who will be responsible for the data files. Signature on letterhead satisfies the legal requirement for proof of identity.
- That same person should also read the agreement carefully and sign where indicated on the second page of the application. (Note that this signature is provided under penalty of perjury.)
- Please see the next page for payment and mailing instructions.

# LOCAL COUNTY PUBLIC HEALTH DEPARTMENTS

## APPLICATION TO OBTAIN CALIFORNIA'S COUNTY-SPECIFIC VITAL STATISTICS CD-ROM FILES

### PAYMENT AND MAILING INSTRUCTIONS

If purchasing prior years of data or files other than the current statistical master files, please enclose your **check or money order** payable to the California Department of Public Health.

**We cannot accept credit cards or send files via purchase orders.**

**Payment must be received before files are released.**

If an invoice is needed in order to process a check, please contact the Office of Health Information and Research below.

- Please **do not** mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.

**Federal Tax ID Number: 94-6001347**

Please mail the completed application and payment to:

California Department of Public Health  
Office of Health Information and Research  
**Attn: Laurie Smith-Giles, Research Analyst II**  
P.O. Box 997410, MS 5103  
Sacramento, CA 95899-7410

Phone: (916) 552-8095

Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**You can fax the completed application if no money is required.**

**Fed-Ex Deliveries:** Fed-Ex deliveries are not accepted using P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

## APPLICATION TO OBTAIN CALIFORNIA'S COUNTY-SPECIFIC VITAL STATISTICS CD-ROM FILES

Name:			Date:		
Title:		County & Agency:			
Street Address:				City:	
State:	Zip Code:	Phone:	Fax:		
E-Mail Address:					

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
<b>Birth Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Names & Certificate Numbers <input type="checkbox"/> Including Names, Cert.Numbers & SSNs <input type="checkbox"/> Including Names, Cert.Numbers, SSNs, and Address of Mother	<b>Years Available:</b> 1960 – 2006  <b>(SSN and Address available for 1997-2006 only.)</b>  <b>Year(s) Requested:</b> _____	2006: N/C  Prior Years: \$ 73 per year.	\$
<b>Birth Cohort Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Certificate Numbers & Names* <input type="checkbox"/> Including Cert #s, Names, and Address* <small>*1960-1997 do not have Names (Cert #s only). Names are available from 1999 on. Addresses available on 2002 &amp; 2003 file only.</small>	<b>Years Available:</b> 1960; 1965 – 1997; 1999-2003 (no file for 1998)  <b>Year(s) Requested:</b> _____	<b>There is a fee for this file:</b>  \$ 73 per year.	\$
<b>Death Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Cert #s, Names, SSN/MMN; No Out-of-State Identifiers <input type="checkbox"/> Including Cert #s, Names, SSN/MMN; and Out-of-State Identifiers	<b>Years Available:</b> 1970 - 2005  <b>Year(s) Requested:</b> _____	2005 N/C  Prior Years: \$ 73 per year.	\$
<input type="checkbox"/> <b>Multiple Cause of Death Files</b> Includes Certificate Numbers (No Names)	<b>Years Available:</b> 1970 – 2004  <b>Year(s) Requested:</b> _____	<b>There is a fee for this file:</b>  \$ 73 per year.	\$
<b>Fetal Death Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Names and Certificate Numbers	<b>Years Available:</b> 1970 - 2006  <b>Year(s) Requested:</b> _____	2006 N/C  Prior Years: \$ 73 per year.	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>			\$

**Intended Use of Data File(s)**

**PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:**

Will the data be used to contact subjects: ☐ YES ☐ NO

Will identifiable data be released: ☐ YES ☐ NO

**PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE OUTLINE THESE SPECIFIC ISSUES IN YOUR STATEMENT OF INTENDED USE.**

**Statement of Intended Use (Attach additional sheets if necessary.)**

**Statement of Security Measures (Attach additional sheets if necessary.)**

**User Names: Please indicate names of all persons who will have access to the requested files.  
(Attach additional sheet if necessary.)**

**Vital Statistics and InterJurisdictional Access Agreement (Signature Required)**

I, the undersigned, on behalf of the Local Health Department or Local Registrar's office, of which I am an employee, and on behalf of the data users listed above and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics.

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, and not to release names or other personal identifiers from the files.

I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics.

I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes.

I understand that per Health and Safety Code, Sec. 102426, the mother's marital status field on birth files may only be used for "demographic and statistical analysis" and will not be made available with personal identifiers.

I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475).

I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor or punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Center for Health Statistics (CHS) Use Only**

**CHS Rev. Code: 142500-05-84306-4835**

Application Complete: \_\_\_\_\_

CHS  
Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

State Registrar, Chief, Center for Health Statistics, Department of Public Health